

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024503

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3190

FILED JUN 17 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
1			
2 27-0-1			
3			
4 0			
5 2			
6			
7 0			
8 0			
9 4/20.1			
10			
11			
12 77-0			
13			
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 2 1/2 Weeks	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson County Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) George Smizer Mosley		4. DATE OF DEATH Month June Day 3, Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/21/1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY -	
11a. FATHER'S NAME Unknown Mosley		11b. MOTHER'S MAIDEN NAME Unknown	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12b. SOCIAL SECURITY NO. -	
13a. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c) -		13b. NAME OF HUSBAND OR WIFE Effie Mosley	
14. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		14b. INTERVAL BETWEEN ONSET AND DEATH 2 wks.	
15. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		15b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
16. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		16b. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
17. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		17b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
18. CITY, TOWN, OR LOCATION		18b. COUNTY STATE	
19. I attended the deceased from May 15, 1963 to June 3, 1963 and last saw her alive on 5-15-63		19b. Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.	
20a. SIGNATURE Robert S. Mosser		20b. ADDRESS Independence, Missouri	
20c. DATE SIGNED 6-4-63		20d. DATE SIGNED 6-4-63	
21a. BURIAL, CREMATION, REMOVAL (Specify) Burial		21b. DATE 6/4/63	
21c. NAME OF CEMETERY OR CREMATORY Floral Hill's Cemetery		21d. LOCATION (City, town, or county) Kansas City, Missouri	
22. FUNERAL DIRECTOR Geo. C. Carson & Son's Inc. Indep. Mo.		22b. DATE RECD. BY LOCAL REG. 6-5-63	
22c. REGISTRAR'S SIGNATURE Rich H. Long		22d. REGISTRAR'S SIGNATURE Rich H. Long	

(Licensed Embalmer's Statement on Reverse Side)

COM-50-541

STATE OF MISSOURI - DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS

AUG 17 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Kenneth L. Lannan*

Licensed Embalmer No. 5207

P. O. Address Independence, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.